

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

35290

**1. PLACE OF DEATH**

County Saline  
Township Marshall  
City Marshall

Registration District No. 796  
Primary Registration District No. 6039

File No. ....  
Registered No. 128  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. ....  
(Usual place of abode)

Length of residence in city or town where death occurred

Ward. ....  
yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.  
(If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 - 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
35 4 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm hand  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Branson Hogan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Ellen Hume

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Florence Norris Marshall Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cow Creek Co. DATE Oct 3 1925

19. UNDERTAKER (ADDRESS) Ferguson - Williams Marshall Mo

20. FILED 10/3/33 1933 Alva L. Taylor Deputy Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 24 1933, to Oct 1 1933

I last saw him alive on Sept 30 1933. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Acute pulmonary tuberculosis  
23A  
Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....

(Signed) D. J. Manning M. D.  
(Address) Marshall, Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

